	ED STATES DISTRICT COURT RICT OF NEW JERSEY
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	• • •
(In	he space above enter the full name(s) of the plaintiff(s).)
	- against - COMPLAINT Jury Trial: Yes No (check one)
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cannot fi please w addition listed in	ace above enter the full name(s) of the defendant(s). If you the names of all of the defendants in the space provided, ite "see attached" in the space above and attach an il sheet of paper with the full list of names. The names he above caption must be identical to those contained in idresses should not be included here.)
I.	Parties in this complaint:
A.	List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.
Plaintiff	Name Street Address County, City State & Zip Code Telephone Number Telephone Number Telephone Number

agency, an organization, a	
Defendant No. 1	Name City of Campian
1	Street Address
	County, City
ı	State & Zip Code
Defendant No. 2	Name
	Street Address
•	County, City
1	State & Zip Code
Description 2	
Defendant No. 3	Name
j.	Street Address
	County, City
	State & Zip Code
Defendant No. 4	Name
	Street Address
	County, City
	State & Zip Code
	, ·
II. Basis for Jurisdiction:	
Federal Question - Under 28 U.S.C. is a federal question case; 2) Divers	urisdiction. There are four types of cases that can be heard in federal court: 1) § 1331, a case—involving the United States Constitution or federal laws or treaties ty of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one nd the amount in damages is more than \$75,000 is a diversity of citizenship case; U.S. Government Defendant.
A. What is the basis for federal Questions	l court jurisdiction? (check all that apply) Diversity of Citizenship
U.S. Government Plain	tiff U.S. Government Defendant
D. Tedarian Control Control	
B. If the basis for jurisdiction issue?	is Federal Question, what federal Constitutional, statutory or treaty right is at
Cartell	10.1

	C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?
		Plaintiff(s) state(s) of citizenship Uvice Chale
		Defendant(s) state(s) of citizenship wited charge composite compos
	III.	Statement of Claim:
	complai include cite any	briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this int is involved in this action, along with the dates and locations of all relevant events. You may wish to further details such as the names of other persons involved in the events giving rise to your claims. Do not cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a e paragraph. Attach additional sheets of paper as necessary. Where did the events giving rise to your claim(s) occur? What date and approximate time did the events giving rise to your claim(s) occur?
	2.	2019 2-3100 IV THE HOLLES
What happened to you?	C	FACTS: THAT WHILST BEILED DU CLIENT/ CONSUMPLY THE VITE LIPO, STORE ON BHODERS IN COMPLEY
	14 ST	Ling my script of the phormany dept (a) Ling my script of the phormany dept (a) Ling my script of the phormany dept (a) Ling my script of the properties Sign i of hugh my reply was in the partire ordered or transfed the milming of solverte
Who did what?	The	much broser person syclemped the other
		DECEMBENT OF WHE HIS BUSINES OF COMMENTERS OF THE HISTORY OF COMMENTERS
Was anyone else involved?	Je Joy ist	onthe bear haging out, himpering or the wait on the period / whether the not work to work the
Who else saw what happened?	سال مال مال	it is not main issue at least (a) et a pharman plant both heard & withresped the incident ! I counity to no metico will security mouter!

LO MESPAPINO TO Se	isrplias / nor were then
ZVMMOHEC Z)
If you sustained injuries related to the events alleged about you required and received. 3-4 INCHES INCHES INCHES INCHES OF THE AID (NUT) DISTRICT OF PH OLOGINA ON THE AID (NUT) DISTRICT OF PH OLOGINA ON THE AID (NUT) ON	ve, describe them and state what medical treatment, if any, Soft into directly Noort in was portified Control of the incident Noort in such and one control Ling the control category Noort in such and interest in the control Noort in such and interest in such and in the control Ling much in such and in the suc
State what you want the Court to do for you and the amount the basis for such compensation. The amount of the amount of the basis for such compensation. The amount of t	ant of monetary compensation, if any, you are seeking, and CT \$15 milliul of Particle of the Capetro Country Country
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I declare under penalty of perjury that the foregoing is true and correct.	
Signed thisday of	14
Signature of Plaintiff Toute Reckonche Mailing Address 2019, 9-14	
Telephone Number	•
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.	
Signature of Plaintiff: Colomote	,